



Disposal Works Construction Permit Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

Form A-2

No. _____

Fee Total: _____

FEE SCHEDULE

	Plan Review	Inspections		Review/Const.
New Construction/ Increase in flow			Minor Repair	
<549 GPD	___	170	___ Tank	___ D-Box
550-1999 GPD	___	250	___ Pump Chamber	___ Line
2000 – 5999 GPD	___	380		___ 80
6000 – 9999+ GPD	___	750		
Repair/Replacement				
<549 GPD	___	130		Const./Use
550-1999 GPD	___	235		
2000 – 5999 GPD	___	360		
6000 – 9999+ GPD	___	630		
			I/A Technology	
			I/A w/ periodic operation reporting *	___ 80
			I/A w/o operation reporting	___ 80

*Operation Permit Renewal required annually or with change in Use/Ownership for all I/A Technology with conditions of approval requiring periodic operation reporting

DESIGNER/INSTALLER INFO

DESIGNER/ENGINEER ADDRESS PHONE AND EMAIL

INSTALLER ADDRESS PHONE AND EMAIL

PROJECT INFO

LOT/NUMBER NUMBER/ STREET OWNER PHONE NUMBER/EMAIL ADDRESS (print only)

OWNER OF RECORD OWNER MAILING ADDRESS

DESIGN FLOW (GPD): _____ EXISTING DAILY FLOW (GPD): _____ NUMBER OF HABITABLE ROOMS: _____
(Excluding bathrooms, hallways, unfinished cellars, unheated storage areas)

TRENCH PERMIT #: _____

If Applicable, describe nature of minor repair: _____

I/A: Yes ___ No ___

TYPE: _____

MA DEP APPROVAL STATUS: General ___ Remedial ___ Pilot ___ Provisional ___

MA DEP I/A APPROVAL LETTER TRANSMITTAL NUMBER: _____ (From MA DEP approval letter)

AGREEMENT

The undersigned agrees to install the described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code and ARTICLE 11 & 16 of the Acton BOH Rules and Regulations - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Acton Board of Health.

Applicant's Signature _____ Date: _____